

# **The TotalChoice Plan**

## ***Summary of Benefits for the Employees and Retirees of the State of Vermont***

### **What is the TotalChoice Plan?**

- This plan option is similar to the former “Choice Plus” Plan but covers much more. You can choose to see any provider nationwide for medical services. Just like the former Choice Plus Plan, this plan has a deductible and once that deductible is met, benefits are then paid at 80%.

### **Important Medical Plan Features**

- **Preventive care services** for your children and preventive care benefits for you are described in the Benefits Highlights are paid at 100%
- **Emergency and urgent care are covered** wherever you go, worldwide, **24 hours a day**

### **Drug Plan**

- The program is administered by Express Scripts, Inc. The annual deductible is \$25 per covered person per year. The new plan covers 90% of the cost of generic drugs, 80% of the cost of preferred brand drugs and 60% of the cost for non-preferred brand drugs. For the 2016 Plan Year, the maximum out-of-pocket cost per individual per year is \$775 (which includes the deductible). **40% copay drugs do not contribute to the maximum out of pocket limit.** At the local pharmacy, you show you drug plan card and pay your copay; the State is automatically billed for the balance of the cost. The drug plan also features a mail order option, with the convenience of direct home delivery for long-term maintenance drugs.

## BENEFIT HIGHLIGHTS

	THIS TABLE SHOWS HOW MEDICALLY NECESSARY SERVICES ARE COVERED AFTER YOU HAVE MET YOUR ANNUAL MEDICAL DEDUCTIBLE.
<b><u>Doctor Office Visits such as:</u></b> <u>Preventive Care/Well Care:</u> Periodic Physical Exams (Children and Adults) 100% Routine Immunizations and Injections 100%  Adult/Child Medical Care for Illness or Injury 80% Procedures performed in a Physician's Office 80%	
<b><u>Routine Mammograms</u></b>	100%
<b><u>Specialist Office Visits such as:</u></b> Office Visits-Consultations and Physician Services 80% Well Care (Includes Pap Test and PSAs) 100% Procedures performed in Physician's office 80%	
<b><u>Inpatient Hospital Services including:</u></b> Semi-Private Room and Board 90% Physician Services Diagnostic/Therapeutic Lab and X-ray Drugs and Medication Operating and Recovery Room Radiation Therapy and Chemotherapy Anesthesia and Inhalation Therapy <b><u>Inpatient Surgeon's Charges</u></b> 90% <b><u>Second Surgical Opinion</u></b> 80%	<b><i>All inpatient hospital admissions require PreCertification. Call the toll free number on your ID Card.</i></b>
<b><u>Outpatient Facility Services including:</u></b> Operating Room, Recovery Room, Procedure Room and Treatment Room including: Physician Services 80% Diagnostic/Therapeutic Lab and X-rays Anesthesia and Inhalation Therapy	
<b><u>Outpatient Preadmission Testing</u></b> Office Visit 80% Outpatient Facility 80%	
<b><u>Laboratory and Radiology Services such as:</u></b> MRIs, MRAs, CAT Scans and PET Scans 80% Other Laboratory and Radiology Services 80%	
<b><u>Short-Term Rehabilitative Therapy including Physical, Speech, Occupational and Chiropractic Therapies</u></b>	80%
<b><u>Prescription</u></b> <b><u>For both Retail and Mail Order Drugs Combined:</u></b> Annual Deductible (Separate from your medical deductible)  Plan Pays  Your 2016 Annual Maximum Copay, excluding deductible  2016 Maximum Out-Of-Pocket expense per year	\$25 per individual/\$75 per family  90% for generic drugs, 80% for preferred brand drugs and 60% for non-preferred brand drugs.  \$750 per person  \$775 per person (\$750 maximum copays plus \$25 annual deductible), then the plan pays 100% for the rest of the year.
<b><u>Emergency and Urgent Care Services at:</u></b> Physician's Office 80% Hospital Emergency Room 80% Urgent Care or Outpatient Facility 80% Ambulance 80%	
<b><u>Maternity Care Services</u></b> Initial Office Visit to Confirm Pregnancy 80% All other office visits 80% <b><u>Delivery</u></b> Hospital Charges 90% Physician Charges 90%	
<b><u>Inpatient Services at Other Health Care Facilities</u></b> including Skilled Nursing, Rehabilitation and Sub-Acute Facilities	90% - 60 days maximum per calendar year. <b><i>All inpatient hospital admissions require PreCertification. Call the toll free number on your ID Card.</i></b>

BENEFIT HIGHLIGHTS			
Home Health Services	80%		
Family Planning Services: Office Visits (tests, counseling) X-ray/lab if billed by separate facility Vasectomy/Tubal Ligation (excludes reversals) Inpatient Facility Outpatient Facility Surgery in Physician's Office	80% 80%  90% 80% 80%		
Infertility Treatment (Up to \$50,000 Lifetime Maximum)  Office Visit (tests, counseling) X-ray/lab if billed by separate facility Treatment/Surgery (includes in-vitro fertilization, artificial insemination, GIFT and ZIFT.) Inpatient Facility/Physician's Charges Outpatient Surgical Facility/Physician's Charges In Physician's Office	80% 80%  90% 80% 80%		
Mental Health and Substance Abuse Precertification Required	IN-NETWORK PARTICIPATING PROVIDER	OUT-OF-NETWORK NON-PARTICIPATING PROVIDER	
	Inpatient Mental Health	100%	90%
	Inpatient Substance Abuse	100%	90%
	Inpatient Substance Abuse Detoxification	100%	90%
	Inpatient Substance Abuse Rehab Facility	100%	90%
	Outpatient Mental Health	100%	80%
	Marital/Family Counseling	100%	Not Covered
	Outpatient Substance Abuse	100%	80%
Durable Medical Equipment	80%		
External Prosthetic Equipment	80%		
Vision Care	\$100 every two calendar years, no deductible or coinsurance, routine exams and lenses		
OTHER BENEFIT INFORMATION			
Annual Deductible Individual Family	\$300 \$600		
Annual Out-of-Pocket Maximum Individual Family	\$750 plus deductible \$2,250 plus deductible		
Coinsurance	The plan pays 80% of eligible charges after the annual deductible is met. You pay 20% of the charges after the annual deductible is met.		
Precertification (Inpatient) for Hospital, Skilled Nursing, Rehabilitation and Sub-Acute Facilities.	Member must obtain approval prior to admission to a facility.		
Lifetime Maximum	Unlimited		

Services provided by Participating Providers will qualify for a discount.

Services performed by a Non-Participating Provider will be paid in accordance with the usual, reasonable and customary charge limitations. This provision is identical to the prior Choice Plus Plan.

